

WELL CONSTRUCTOR'S REPORT  
FORM 3300-15

NOTE

WHITE COPY - DIVISION'S COPY  
GREEN COPY - DRILLER'S COPY  
YELLOW COPY - OWNER'S COPY

STATE OF WISCONSIN  
DEPARTMENT OF NATURAL RESOURCES  
Box 450  
Madison, Wisconsin 53701

1. COUNTY <u>Lincoln</u>		CHECK ONE <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		2. NAME <u>Cedarburg</u>	
3. LOCATION NE, NW, NW, <u>34</u> <u>10N</u> <u>21E</u>		3. OWNER AT TIME OF DRILLING <u>Karl Moldenkauer</u>			
OR - Grid or street no. <u>7229 Western Ave</u>		ADDRESS <u>8502 Hy 60</u>			
AND - If available subdivision name, lot & block no.		POST OFFICE <u>Cedarburg, Wis.</u>			
4. Distance in feet from well to nearest: (Record answer in appropriate block)		BUILDING	SANITARY SEWER C. I. TILE	FLOOR DRAIN C. I. TILE	FOUNDATION DRAIN SEWER CONNECTED/INDEPENDENT
CLEAR WATER DRAIN C. I. TILE	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN SILO
					ABANDONED WELL SINK HOLE
OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) <u>None</u>					

5. Well is intended to supply water for:  
home

6. DRILLHOLE						9. FORMATIONS		
Dia (in)	From (ft)	To (ft)	Dia (in)	From (ft)	To (ft)	Kind	From (ft.)	To (ft)
8	Surface	41				clay	Surface	6
6	41	117				sand	6	15
7. CASING, LINER, CURBING, AND SCREEN						linestone		
Dia (in)	Kind and Weight	From (ft)	To (ft)				15	117
6	Heavy black steel	Surface	40					
	Steel DE ASTM							
	A53, 280 wall							

8. GROUT OR OTHER SEALING MATERIAL			10. TYPE OF DRILLING MACHINE USED		
Kind	From (ft)	To (ft)	<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Direct Rotary	<input type="checkbox"/> Reverse Rotary
Neat cement grout	Surface	40	<input checked="" type="checkbox"/> Rotary - air w/drilling mud	<input type="checkbox"/> Rotary - hammer with drilling mud & air	<input type="checkbox"/> Jetting with Air Water
			Well construction completed on <u>Oct 24</u> 19 <u>77</u>		
11. MISCELLANEOUS DATA			Well is terminated <u>10</u> inches <input checked="" type="checkbox"/> above <input type="checkbox"/> below final grade		
Yield test: <u>4</u>	Hrs. at <u>15</u>	GPM	Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Depth from surface to normal water level <u>18</u> ft.			Well sealed watertight upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Depth to water level when pumping <u>20</u> ft.					

Water sample sent to Port Washington Lab #58 laboratory on: 10-26-77 19

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Robert L. Lauer, Inc.  
Robert L. Lauer, Inc.  
Registered Well Driller

COMPLETE MAIL LIBAU - LAUER, INC.  
1200 W. Liebaw d 121N.  
Mequon, Wisconsin 53092

Please do not write in space below			
GAS - 24 HRS	GAS - 48 HRS	CONFIRMED	REMARKS
			<u>Plot</u>

